

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000015879

1. Entity Name

HOLIDAYS OF JACKSONVILLE, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90008 029 ***150.00

Principal Place of Business

Mailing Address

WELLS ROAD
JACKSONVILLE FL 32073

P.O. BOX 17094
JACKSONVILLE FL 32245-7094

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3426089

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MICHAELS, ARNOLD J
8873 BELLE RIVE BLVD
JACKSONVILLE FL 32256

Name

Street Address (P.O. Box Number is Not Acceptable)

City

1910 Wells Road
JACKSONVILLE

FL

Zip Code
32073

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

VP

☒ Delete

POWELL, WANDA
3147 ANNISTON RD
JACKSONVILLE FL 32246

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change

☐ Addition

P

☐ Delete

MICHAELS, ARNOLD J
8873 BELLE RIVE BLVD
JACKSONVILLE FL 32246

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Arnold J. Michaels

904 333-7111

CR2E034 (9/99)